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SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

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Sixth Paper.—TWO CASES OF VESICO-VAGINAL FISTULA. TWO CASES OF THYROID TUMOR.

CASE I.—*Vesico-Vaginal Fistula; Operation; Entire Relief.*—(Under the care of Dr. Cheever.)—August 27th, 1864. Mary C., æt. 40, has borne six children, and always had an easy time until the last one, twenty-two months ago, when she had to be delivered by instruments; since then has been unable to retain her urine. The patient having been etherized, her nates were brought to the edge of the bed and elevated on pillows, the thighs held apart, and the labia widely separated by silver retractors. The posterior wall of the vagina and perinæum was also depressed by a curved Sims's speculum. The seat of disease was thus brought plainly in view. A circular opening existed on the anterior wall of the vagina, and about half an inch in front of the os uteri. Through this the urine freely passed. The fistula was drawn down by a long, rat-toothed forceps, and the edges refreshed. A straight slit was also made at either end to convert the wound into an oval rather than a circular one, so that the edges might come freely together. Three silver-wire sutures were now passed with ease, by means of Sims's perforated needle. The sides were approximated, and the wires secured by twisting only, no buttons or quills being used. The vagina having been sponged out, and the bladder emptied, the patient was placed on her back with a Sims's S-shaped catheter in the urethra, and a rubber tube to conduct the urine to a vessel at the side of the bed. Opium *pro re nâta*. Light diet and perfect rest.

Aug. 28th.—Complains of soreness of abdomen; relieved by fomentation of hops. The vulva dressed with simple cerate. Catheter cleansed three times a day.

29th.—Comfortable.

30th.—Several loose discharges from bowels. Ordered flour porridge, and to continue opium. Bladder syringed out.

Sept. 1st.—Complains a little of catheter. Vulva moderately swollen; to be kept well anointed. All the urine passes by the catheter; no leaking.

2d.—Troublesome cough and restless night; cough causes pain in urethra and bladder. Tongue a little dry. Urine pretty clear. Ordered cough medicine and fomentations.

3d.—Much better.

5th.—A recent clot, four inches long, passed through catheter. No leaking of urine.

6th, 7th, 8th.—Doing well.

9th.—One fortnight since operation. Silver sutures removed. Perfect union. Wound seems to be contracting.

14th.—Allowed to sit up for a short time. Catheter still used.

17th.—Catheter to be used at night only. Patient to make water every hour during the day.

22d.—Some complaint of catheter; to be discontinued entirely. To be waked every three hours to pass her water.

24th.—Sat up all day. Ordered iron and ale.

October 4th.—Five weeks since operation. Discharged well.

CASE II.—*Vesico-Vaginal Fistula; Operation; Failure.*—(Under the care of Dr. Cheever.)—July 6th, 1865. M. C., æt. 33, has had seven children, with only an hour or two's sickness. The last labor was seven weeks ago, and lasted forty hours. The child was delivered dead, with instruments—weighing (she says) 18 pounds!! Unable to retain her urine since. On examination, the fistula was found in the upper part of the vagina, and three fourths of an inch long.

July 8th.—The bowels having been cleared with castor oil and an enema, the patient was put in the lithotomy position, with pillows under the hips. Retractors and Sims's speculum were used to expose the parts, and an elastic catheter, to act as a syphon, kept in the bladder. The edges of the fistula were found quite hard, and were freely pared. A number of small urinary concretions were found just inside its edges, and were removed. The opening was prolonged longitudinally above and below. The wound was brought together by five silver sutures, which were twisted without split bars or shot. An S-shaped catheter and rubber tube attached, were now arranged, and an opiate administered.

July 10th.—Very little pain. Only one grain of opium last night. Complains of some uneasiness in breasts from her milk; a soothing lotion applied. Catheter cleaned and bladder syringed out.

11th.—Doing well. No leaking of urine. Patient continued doing well, with no operation from bowels, *no leaking of urine*, and very little irritation from catheter, until *the eighth day*. On the night of that day, through some misunderstanding between the nurse and herself, the catheter was *pushed up the vagina instead of the urethra*, and was so found the next morning. The urine had accumulated

and broken through. Small quantities, however, only passed, and when the sutures were removed several days later, it was found that the opening was considerably diminished in size. An attempt was then made to close it by caustic, and by keeping a catheter in the bladder; but the patient's health began to give way under the confinement, and she had an attack of iritis. It was therefore thought more prudent to send her home, and to have the operation repeated in cooler weather, if she will consent.

There seems to be no reason to doubt that this case would have been as successful as the first one, had it not been for the *faux pas* on the eighth day. By that time very considerable union must have taken place, as evidenced by the perfect dryness of the vagina. As is well known, much more depends upon the vigilance and care of the nurse in the after treatment than upon the operator himself. In all moderate-sized fistulæ we believe the closure may be effected by simple silver sutures, without the use of perforated bars, buttons, or split shot. We cannot speak too highly of the great facilities afforded by Dr. Sims's speculum and perforated needle in doing this operation.

Case I.—*Bronchocele—Predisposition contracted in Germany, Disease developed in America; Death.*—(Under the care of Dr. Buckingham.)—January 17th, 1865. Catherine N., æt. 69, born in Baden. Has always been healthy. Has lived in Boston *twenty years*. Parents died of old age. Gôitre was of frequent occurrence in her native place, although no member of her own family was affected by it. First noticed enlargement of thyroid gland *six years ago*. For three years it increased slowly, but latterly has grown rapidly; now prevents her from lying flat, owing to difficulty of breathing.

A large tumor occupies the front and both sides of the neck, extending from the anterior border of the trapezius on the right side to within an inch of the same point on the left; lobulated, hard, slightly movable, and divided by a median fissure into two principal lobes—the right larger than the left. Sterno-mastoid muscle and carotid artery, on right side, displaced; the artery being plainly felt behind the tumor. Left sterno-mastoid muscle passes over tumor. Measurements—horizontally, from side to side, 14 inches; right half, 8¾ inches; left half, 5¼ inches. Pressure on left side causes a choking sensation.

January 18th.—She was ordered good diet. Syr. ferri iodidi internally. Externally, ethereal tincture of iodine.

24th.—Tumor injected subcutaneously with an aqueous solution of iodine and iodide of potassium. Continued until 29th, when the tumor began to grow red and painful.

February 3d and 4th.—No appetite. Tumor painful and inflamed. No sleep. Failing. Continue syr. ferri iodidi. Omit local treatment, the tumor being of such bulk, consistence and duration as to

preclude any hope of absorption, and the local treatment aggravating her sufferings. It is also obviously impracticable to think of surgical interference with such a tumor at 69 years of age.

10th.—Troublesome cough; asthmatic, wheezing respiration. Ordered cough medicine.

March 3d.—Continues more comfortable.

14th.—Severe attack of dyspnœa last night; relieved by pulling tumor forward and painting with iodine. Must sleep in sitting posture. Feels much worse when the weather is damp.

28th.—Tumor increasing in size. Breathing much impeded. Sits in chair all night. Ordered wine and morphia.

April 30th.—The same.

May 28th.—Much suffering. Longs for death.

June 20th.—Grows gradually weaker, while tumor grows larger. Does not wish any stimulus. Omit wine.

July 8th.—Raises blood, with mucus.

28th.—Failing. Tumor largely increasing.

Aug. 20th.—Very severe attack of dyspnœa, accompanied by coldness of skin. Refuses to take any remedies, saying she wishes to die.

21st.—Attack continues, with frequent paroxysms of whooping and prostration.

22d.—Died—seven months after admission to hospital, tumor having enlarged in that time fully one half.*

Case II.—*Bronchocele originating in America; Operation; Recovery.*—(Under the care of Dr. Cheever.)—July 14th, 1865. Mary C., æt. 24, born in Ireland; resides in Boston. One year ago first perceived a tumor, a little to the right of the median line, and just below larynx. The tumor is now about two inches in length horizontally, and one and a half inches vertically. Grows very slowly. Moves with the larynx in deglutition. Tumor feels solid and somewhat movable. Causes no pain, and is not tender on pressure. Enters for an operation. Slight, temporary cough. Cough mixture ordered.

July 19th.—Under ether, a vertical incision was made over tumor, the sterno-hyoid and thyroid muscles separated, and the enlarged thyroid gland dissected out. The *left* lobe was much the largest, and long enough to lie on the carotid sheath. No very great hæmorrhage. The *right* superior thyroid artery was the largest vessel cut, although it supplied the smaller lobe. The tumor came out clean. The anterior surface of the trachea was laid bare some inch and a half. The wound was closed by silk sutures. The tumor presented all the gross appearances of the thyroid gland. It was

* The tumor, and a cast of the patient shortly after death, are preserved in the Hospital Museum.

wholly solid, and, under the microscope, showed large, oval cells—with nuclei, clustered together like bananas; and many small granular particles.

July 20th and 21st.—Doing well. Some laryngitis. Patient speaks in a whisper. No dyspnœa.

22d.—Stitches removed, and a small amount of serous-looking fluid evacuated. Some difficulty in swallowing. Hoarseness continues.

24th.—Considerable pus discharged. Cough and deglutition easier. Wound looks well. Ordered ale and beefsteak.

28th.—Very comfortable.

30th.—Wound healing rapidly. All ligatures away.

August 5th.—Discharged well—two and a half weeks after the operation.

This bronchocele obviously began in this country, and although of slow growth, had reached a size and solidity that rendered absorption under treatment difficult, if not impossible. The ready removal of it, without profuse hæmorrhage, would seem to indicate *early* surgical interference with these growths.

DR. COTTING'S ADDRESS AND DR. RICE'S REVIEW.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. Cotting's address before the State Medical Society is an able and scholarly production, worthy of an attentive perusal and of thoughtful consideration. Its author has a thorough knowledge of his profession, is well versed in medical literature, and has at heart the best interests of medical science. The views which he advocates are not those entertained by the majority of physicians, and will be looked upon by many as unfounded and heretical. They may be regarded as a culmination of sentiments which for many years have been gaining ground in our profession, that the effects of medication have not been studied with sufficient care; that the natural course of disease has never been properly investigated; that drugs and medical appliances are too often used in a careless and unscientific manner, without reason or against reason, and simply in conformity with the whim or chance thought of him who administers them; in fine, that therapeutics have not kept pace with other departments of medical science.

It is not wise to ignore this skeptical tendency, or to attempt to arrest it by strong assertion and bold assumption. It will not do to assume, because a patient survives heroic treatment, that his life was saved by it; or to assert, without the shadow of evidence, in relation to a disease which, a quarter of a century ago, was treated by venesection, blisters and tartar emetic, but which now is treated with equal if not greater success without either of them, that it has changed its type, and is now less inflammatory than formerly. Medi-

cal science will not be advanced, nor doubters silenced, by loose statements, imperfect observations, or inconsequential reasoning.

But while we fully sympathize with Dr. Cotting in many of the sentiments contained in his address, and heartily bid him God-speed in his warfare in behalf of rational medicine and against the abuse of drugs, we do not at present feel prepared fully to endorse his theory of disease; or at any rate without substantial qualifications. Disease, without doubt, entered into the divine plan in the creation of man; and so did sin. The two seem to us analogous. We do not clearly comprehend the precise purpose which either of them is designed to accomplish in the affairs of the world. Whether both are eventually to disappear, or whether they will last as long as the earth does, are questions which we fear cannot be definitively answered, and which may as well be left for settlement to forensic disputants. When we get into the region of the divine plans, decrees and foreordinations, our ideas are apt to become confused and our speech ambiguous. But looking at the subject from a purely practical point of view, if the doctrine that disease is a part of the plan of creation carries with it, as a logical sequence, that no existing diseases can either be prevented in their coming, or broken up and cured when once they have seized upon us, we submit that the doctrine is hardly warranted by the facts of medical experience and is of questionable tendency.

It cannot, we think, be denied that a few diseases are under human control; and, if they still exist, it is not on account of any divine foreordination, but because men either neglect to use the power they possess in relation to them, or are ignorant of its existence. Some of these are mentioned by Dr. Rice in his review, and the list may be extended. If General Butler could banish yellow fever from New Orleans, why may it not be banished from the face of the earth? If every child born into the world were immediately vaccinated, and the operation were repeated at proper intervals of time, what would become of smallpox? Intermittent fever will attack no one who keeps away from its haunts, and these haunts may be purified so that they will no longer exhale malaria. Syphilis does not come by divine appointment. The Maplewood epidemic was plainly the result of filth and defective drainage. Scurvy depends for its existence on the want of suitable food, and tape-worms will not infest those who do not eat raw pork.

So, too, by the skilful use of remedial agents some diseases may, with more or less certainty, be arrested in their course and cured. Among these may be named intermittent fever, syphilis, psora and certain other diseases of the skin, and some forms of stomatitis and dysentery. This list, we regret to say, is not a long one.

But, after making all possible deductions, the great majority of diseases remain, susceptible of relief and perhaps of modification by medical skill, but not capable of being materially shortened or con-

trolled. What shall be said of these? Dr. Cotting's theory with regard to them may be the correct one. They may be one of the appointed means for ridding the earth of its surplus of population, and are perhaps beyond human power. But is it unreasonable to hope, even with regard to such, that, as medical science advances, their hidden causes may by degrees be brought to light, and an antidote discovered for their ill effects? In past years there has been a slow but steady advance in this direction. May we not anticipate, from the improved methods of observation and study which characterize the present day, still greater progress in the future?

Dr. Rice, in his address, makes a vigorous attack upon the theory and doctrines propounded by Dr. Cotting. His valor seems to us more marked than his wisdom or discretion. An air of superciliousness, too, pervades his discourse, which is in very bad taste, and does not add to the strength of his arguments. His statements are very positive; but his conclusions are not always very logical.

He commences with a misrepresentation. In summing up Dr. Cotting's views, he gives the following as one of them:—"Medicines, sanitary means, and medical men are just about good for nothing." Dr. Cotting, of course, neither says nor intimates any such thing, as must be evident to every one who reads his discourse.*

In order to disprove the self-limitation of pneumonia, which is incidentally asserted by Dr. Cotting, Dr. Rice reports two cases, each of which was treated vigorously, and both of which recovered. The recoveries are attributed solely to the treatment; had they been regarded as cases of a self-limited disease, and treated accordingly, Dr. Rice thinks both patients would have died.

Admitting these to be cases of pneumonia (though even this is by no means certain, the physical signs not being given), it seems strange that we are not informed whether the pneumonia was single or double. This is a serious omission, as cases of the one usually recover, while those of the other are apt to prove fatal. The first case was treated by venesection and a strong solution of tartar emetic, and on the sixth day *the whole chest was covered with a blister;* after which, the disease rapidly subsided. Now cases of single pneumonia, with symptoms as severe as those reported by Dr. Rice, usually begin to improve, under what is called the "expectant treatment," about the seventh day; after which, recovery is often rapid. What evidence is there then, that the recovery of Dr. Rice's patient was owing solely to the treatment? Our own explanation would be, that being a vigorous man, he *survived* the treatment, not that he was cured by it.

The second case lasted four weeks, and was treated by veratrum viride, squills, blisters, and, after the first few days, by stimulants. We have nothing in particular to say about this case, except that possibly Miss A. C. would have recovered sooner had the veratrum

* Pp. 371 et seq.

viride been omitted, especially as "she was a thin, pale lady," and "every symptom was of a typhoid character."

Dr. Rice will not even allow typhoid fever to be self-limited. "What observing practitioner," says he, "does not know, self-limited though it be, that very often typhoid fever, in its incipient stages, may be entirely broken up and driven from the system by the revulsive, alterative, and depurative action of a thorough emetic-cathartic?" "Who does not know that the introduction of tonics, at the proper time, will cut it short?" We might name several "observing practitioners," who not only do not know any such things, but who firmly believe precisely the opposite. We will quote but one. M. Louis certainly, if any body, belongs to this class; and what does he say? "Experience has shown that a well-marked typhoid affection is not capable of being broken up: which moreover *is not the less true of pneumonia* and other inflammatory diseases."

Can Dr. Rice mean seriously to assert that we are in possession of remedies whereby "coma, subsultus tendinum, tympanites, hemorrhage from the nose and bowels, inflammation of the mucous surfaces, &c.," can always be promptly relieved? Assertions of this sort are not infrequent in his address, and yet he tells us that Dr. Cotting "fails to perceive the great facts of our science:" "endeavors to weaken truths as old as Hippocrates himself by inculcating error, and seems to have lost a proper respect for the fundamental truths of medical science"! *Mutato nomine, de te fabula narratur.*

If arsenic be a specific in chorea, the fact is not generally known. We hope its claims will be substantiated; for chorea is very troublesome, and, according to our experience, rather obstinate, and it will be pleasant to be able to cure it "in about two weeks, in nine cases out of ten."

Other matters in Dr. Rice's address are open to criticism; especially his continued effort to convey the impression, as absurd as it is untrue, that, according to Dr. Cotting's theory of disease, judicious medical treatment is of no use; that human suffering cannot be assuaged by a careful use of drugs; and that a wise physician may not in a thousand ways administer to the comfort of his patient, and aid nature in its efforts to restore health. We will not, however, go into farther details; but will simply give expression to our conviction, that so long as the methods of practice, which seem to be sanctioned by the Franklin District Medical Society, prevail, homœopathy and its kindred delusions will continue to flourish, and the race of medical sceptics will not become extinct. W.

THE Philadelphia *Ledger* and the Chicago *Republican*, two leading newspapers of the country, have determined to exclude from their columns all the obscene advertisements which the newspaper press in general is wont to parade before the world.

Bibliographical Notices.

Dictionnaire Annuel des Progrès des Sciences et Institutions Médicales (An Annual Dictionary of Medical Sciences and Institutions). By P. Garnier, M.D., &c. &c. (First Year, 1864.) One vol. 12mo., Pp. 500. G. Baillière, Paris, January, 1865.

The object of this little retrospect is the collection from all medical publications, societies and institutions, of whatever of novelty or of use has been offered to the profession during the year; and a concise but exact inventory of all discoveries, new ideas and applications that have been produced or confirmed during that time. It aims to be useful to the student as well as to the practitioner—giving a faithful reference to original sources, as well as succinct abstracts of recent investigations. A part of the object of the Dictionary is also an analysis and concentrated exposition of new books, pamphlets, essays and other documents of interest and value. In short, it is designed to be a faithful gathering up of all that the year has produced worthy of record—reduced to a form so simple and concise that he who runs may read. Surely this is no small or valueless service to the active practitioner, who, if he reads at all, must do so by the wayside. The articles are arranged in alphabetical order. A description of one or two of these, taken at random, will give an idea of the character of the work.

Absinthisme.—The disastrous effects of the intemperate use of the alcoholic liquor called *absinthe* has lately excited the attention of scientific men and the profession, as well as the public in France. Dr. Garnier gives the results of the latest experiments on the subject—those of Marcet with pure essence of absinthe, on dogs and rabbits, in whom half-drachm and drachm doses produced tremblings, stupor, insensibility, great apparent terror, and even epileptiform convulsions, accompanied by involuntary evacuations, foaming at the mouth and stertor—those, too, on the other hand, of Voisin, showing that the similitude of the morbid symptoms with those of alcohol is such as not to require for them a separate category.

To a suggestion of the *Gazette Médicale de l'Algérie* that the article in question should be taxed to prohibition, Dr. Garnier sagely remarks, "Better to enlighten consumers than thus restrain its use." We may add, in passing, that since the publication of this volume of the Dictionary, Dr. Deschamps (of Avallon), in a paper addressed to the Academy of Sciences, shows that the *absinthe* of commerce contains *no wormwood*, being colored by spinach or nettles, &c., and that under equal circumstances it does not produce more intoxication than other alcoholic drinks. According to him, the chief danger is in the excess induced by its agreeable qualities and pleasant taste.

Antagonisme.—This short article is chiefly devoted to the suspected antagonism between curara and strychnine; that between opium and belladonna being considered established. The history and effects of the Calabar bean (which, opposed to atropine, contracts the pupil of the eye, &c.) are given under the head of *Fève du Calabar*. Investigations in antagonism of different drugs are important, and might be followed up with advantage. Some years ago, a neighboring physician, Dr. Allen, of Roxbury, made a number of experiments, going to

show a decided antagonism between strychnine and prussic acid. Some of the results of his experiments were reported to the Boston Society for Medical Improvement in the autumn of 1859. In one of these experiments he gave a grain and a half of strychnine to a large dog. In fifteen minutes there were violent convulsions, and the animal seemed to be in great pain. He then gave (by syringe, forced down the throat) three drops of prussic acid. The animal became motionless for two or three minutes, then got up, laid down again and slept for an hour. After this he ran off, and was seen next day well. Other experiments were attended with similar results, though none quite so successful in ultimate restoration to life. Since then, Dr. Allen gave twenty drops of dilute prussic acid to a man who, intent on suicide, had taken about four grains, as supposed, of strychnine. The dose of prussic acid was repeated three times, at intervals of ten minutes, when the spasms abated and the patient fell asleep. He slept two hours. The recovery was immediate and complete.

Helminthologie.—An abstract of the researches of the year on Entozoa, and the treatment to destroy, or to expel them from the human body. According to Roger, cited in this article, lumbrici are continued through water taken as drink; and the reason why they are found in the young is, that children between three and ten years of age are more accustomed to vagabondize, especially in the country, drinking from right to left without regard to the source of the water. We would remark that while this may be so in part, we have been rather of opinion that the occurrence of such parasites is *the law* and their absence the exception, in young age—a question of natural history, the continuance of the parasite being as much in accordance to nature as that of its principal. The disturbances caused by all such creatures are chiefly of a mechanical character—abrasions, burrowings, perforations, &c.; all the symptoms of the "*affection trichinale*," described in this article, being due to the migrations of the parasite—the creature being harmless when free within the alimentary canal, and again "no longer able to cause accidents" when it has ceased its wanderings and become encysted. So that such "accidents" are no more entitled to be called diseases than those necessarily resulting from fire or caustic, fracture or a musket-ball.

Jurisprudence Professionelle.—The decisions of the year—against illegal practice, sale of secret medicines, extortion of unwarrantable fees, medical responsibility, the keeping of the patient's secret. The last, according to the Gironde Association, "*secret absolu, partout et toujours.*"

Pancreas.—An account of experiments to show its digestive power—its action independent of the bile, &c.

Tabac.—Tobacco, called by Prof. Bowen one of the *necessaries of life*, has, according to this article, some inconveniences attending its use, particularly in disturbing the heart's action, causing intermission in pulsations, &c. According to Decaisne seven cases of such irregularities supposed to be heart disease, out of twenty-one, were completely recovered from, after leaving off tobacco for a month.

These examples will give a general idea of the work before us. M. Garnier, says a brother-editor, has given proof of remarkable talent for analysis; he is painstaking, impartial, precise and practical, putting his eye and finger at once on the point really of interest in a

work—"en exprimant la moelle," as Montaigne said. We hope he will receive sufficient encouragement to continue the publication of the Dictionary annually. The *marrow* is what is wanted in these days of embarrassing abundance. Let us have it, as much as possible, without the envelopes: *vita brevis.* *

The Renewal of Life. Lectures: chiefly Clinical. By THOMAS KING CHAMBERS, M.D., Honorary Physician to H. R. H. the Prince of Wales, Physician to St. Mary's and the Lock Hospitals. From the Third London Edition. Philadelphia: Lindsay and Blakiston. 1865.

WE have deferred noticing this elegant volume until we could find time to give it more than a cursory perusal, and have found ourselves fully compensated for the careful reading which the delay has afforded us. Few medical books have given us so much pleasure, few are invested with such a fascinating charm of manner, few are so full of practical suggestions of permanent value to the practitioner.

One who has not seen the book may well be puzzled as to its real nature by the singular title which it bears. So little does this express the general nature of its contents that the author, it appears, felt compelled by the criticism which it excited to drop it in his third edition. The American publishers, however, have thought it advisable to retain this *epigrammatic* portion of the original title, as Dr. Chambers styles it, on account of the great reputation which the original work obtained under its primitive designation. What, then, does this title mean as applied to a course of clinical lectures? It simply is a condensed expression of the restoration of the vital action which disease has interrupted, and which restoration is to be the principal object of the physician's study and labor in his treatment. Set at the top of the title-page, it is, as it were, the text for the volume, a principle which the author would imprint upon the minds of his readers at the outset, to guide them in their practice, however multiform and various the aspects which disease may present.

The subject of the first lecture is death and life. Not merely the final dissolution of the body, the departure of the animating spirit and the antagonistic condition, but the extended illustration of the operation of the forces which destroy and the forces which renew, as exhibited in the phenomena of disease. Death locally, as shown by the partial or complete cessation of the metamorphosis of the tissues, or life as shown by the most active metamorphosis possible. With this theme, after an interesting preliminary consideration of the general subject of death and decay in the common sense of those words applied to the body as a whole, he proceeds to take up some familiar instances of local morbid action, to show how truly they exhibit the operation of these two forces; such, for instance, as a catarrhal inflammation of the throat, or a whitlow. These are instances in which, according to the phraseology in common use by physicians, there is increased action. Heat, swelling, redness, pain—surely these are evidence enough of active vitality, of *over*-action indeed, in the minds of most; yet Dr. Chambers, by a most ingenious process of reasoning, shows that they belong to the opposite category, and should be classed among the processes of decay. Thus the redness and throbbing of the inflamed part, instead of showing increased circulation

and therefore increased life, are caused by a relaxation of the blood-vessels produced by the loss of vital elasticity. The pain does not indicate increase of vital power, inasmuch as the proper sensibility of the part is blunted, if not destroyed. An inflamed throat has lost its nice appreciation of savors, and a finger throbbing with the agony of a whitlow has lost its nice tactile sensibility. And thus the lecturer goes on from one illustration to another, keeping constantly in mind his cardinal principle, that the renewal of life is to be the guiding motive in the mind of every honest and judicious practitioner. He does not spare the nosologists, and refers with much satisfaction to the present era of our profession, when "attention seems directed to the maintenance of life *in* the body more than to the expulsion of death *out* of it."

Dr. Chambers's second lecture is on the subject of disease and cure. And here again he keeps constantly before the minds of his readers the constructive and the destructive metamorphosis of the tissues. He thinks that a physician's practical usefulness would be materially increased by habitually dividing, as far as possible, morbid phenomena into deficiencies of nutrition or constructive form-building, and deficiencies of moulting or form-destruction. With these two conditions in his mind, he shows how easily most diseases may be arranged under one of these two categories. In this he displays great ingenuity. Thus, in speaking of dropsies, he shows how students are misled by the common use of the word "effusion" as applied to collections of liquids in serous sacs. The term suggests a pouring out of too much liquid, a supposed active process which calls for interference with the view to check this excessive action. Whereas, in reality, there may be no excessive secretion at all—the membrane may even secrete less than in health—the fact being that the collection arises from the process of *absorption*, which in health is constantly going on, being arrested by the diminished vitality of the absorbing surface. In anæmia, he explains the existence of dropsical conditions by the diminished consistence of the blood, which thus interferes with the process of absorption according to the law of endosmose, by which this process becomes less active in proportion as the contiguous liquids approach each other in density. And so he goes on, multiplying the application of his principles and illustrating them in the most attractive and plausible manner, completely captivating his reader by the charm of his manner and the power of his logic. His constant regard for the powers of life is shown in the following paragraph:—"I would say incidentally, that there are few cases in which the defective nutrition is not at the same time the most important in a pathological sense as explaining natural phenomena, and at the same time the most important in a therapeutical sense, as being the most easily compensated."

We are compelled to pass over the next three lectures on the formation of pus and mucus, in which the author goes into the microscopic study of these processes, investing the whole subject with the same interest which he gives to his discussion of the nature of disease in general. We pass over them with reluctance, but a proper analysis of them would occupy more space than we can give to our entire notice.

The next four lectures are taken up with the subject of Typh Fever, a term which he applies to low zymotic fevers, whether typhus or ty-

phoid. Keeping his cardinal principle of husbanding the vital powers constantly in view, he takes his place among the most judicious class of the present day, those who use drugs as little possible in the treatment of these diseases. Believing that the poison which causes these fevers is mainly absorbed by the mucous membrane of the digestive canal, he, however, favors the use of a moderate emetic at the outset of the disease. He declares his conviction that a considerable proportion of cases may be cut short in this way, and he refers his hearers to cases under their own observation in the hospital wards, which he has thus treated, with the effect, he believes, of at once arresting the morbid process, and establishing the period of convalescence. In support of his belief that the digestive canal is the absorbing surface of the virus, he cites the statement "that during severe epidemics it has been observed that those who smoke or chew, especially if they spit out the saliva instead of swallowing it, are less liable to be attacked." After the emetic, he next pays special attention to the condition of the skin. The heat and dryness he relieves, as far as possible, by frequent sponging with tepid water, sometimes as often as three or four times daily. Next, in view of the rapid waste of nitrogenous material, he turns his attention to the supply of new matter in its place, through the organs of digestion. He begins at once with milk as the simplest and most easily-digested form of nourishment, and this he gives in small quantities at short intervals of time, sometimes as often as once an hour, but ordinarily not oftener than once in two hours; so that a patient may get down a quart or more in the course of twenty-four hours. A favorite method with our author of nourishing such patients is to give milk and beef-tea alternately every two hours, from the very first. Lastly, he looks to the pharmacopœia to see if he can find anything there logically calculated to meet the special condition of the patient. He attaches great importance to the elimination of ammonia from the patient through the lungs and skin, so characteristic of these forms of fever, an "exhalation of decay," as he calls it, growing out of a "super-alkalinity of the blood"; a condition which he cites Dr. Richardson as authority for regarding as the special cause of the typhoid symptoms. Hence the indication to counteract this super-alkalinity by the exhibition of acids. Hydrochloric acid is that which he prefers, and he employs it as his routine remedy. He gives it in a dose of twenty minims with syrup and water every two hours, and apparently with the best effect. His patients find it most grateful to them, and speak of it as making them "feel stronger." Its known antiseptic properties lend plausibility to the theory of its efficacy in these cases. Of stimulants in these fevers Dr. Chambers does not make a routine use, but employs them as an adjunct in case of great prostration or of low, muttering delirium, never in place of the true restorative, food. Finally, he contrasts the result of this treatment in the hospital to which he is attached with the results of what he calls general treatment in the same hospital. By general treatment he means, neutral salines three or four times a day, small doses once or twice a day of hydrargyrum cum cretâ at first, and later the use of ammonia, wine and ether as indicated by the symptoms. The sets of cases contrasted seem to be compared with the most perfect fairness, being taken from the corresponding months of successive years, one series covering the period of six years under

the general treatment, the other the next six years under the hydrochloric acid treatment; they were all treated by the author. The results he presents in a tabular form, and the contrast is certainly quite remarkable. As summed up, he says, "this leaves the average mortality under general treatment 21 in 107—19½ per cent., or nearly 1 in 5; under the second method of treatment, by continuous nutriment and hydrochloric acid, 3 in 121—2½ per cent., or only 1 in 40." Truly a most remarkable exhibition of results. Certainly he would appear to be justified when he says, that he cannot avoid the conclusion, that by the latter method of treatment 16 or 17 more may be saved than by the former. The same treatment employed in a very different climate, that of Shanghae, produced a similar result, reducing, according to Dr. Henderson, whom he cites, the mortality from 20 per cent. to 7 per cent.

The same wise regard to physiological principles and the laws of life characterizes the remaining lectures on Smallpox, Rheumatic Fever, Pericarditis, Pleurisy, Pneumo-thorax, Laryngitis, Pneumonia, Phthisis, &c. &c. Dr. Chambers never loses sight of the fact that physiology is, as he expresses it, the keystone of medical science and the firm foundation of medical practice. He is thus kept from regarding disease as "an effort of nature to destroy some noxious matter, and to recover the patient by expelling it from the body," and escapes the temptation to assist nature by the empirical use of drugs. His summary of his method of treating pneumonia is an illustration of this, and the cases which his hearers had seen illustrated its operation; his rules are as follows:—

I. Take blood locally, cautiously, in the early stage only, and with a distinct reference to the power of each patient.

II. Keep the chest from first to last enveloped in a jacket poultice, and allow of as little movement as possible.

III. Administer food frequently, largely, and in a liquid form.

IV. Where the nervous system is deeply smitten, as indicated by tremulous muscles, mental excitement, delirium, tawny tongue at an early stage, great depression, &c., give opium; and in some cases alcohol, but not in small repeated doses.

V. Where there is diarrhœa, stop it immediately with opium or kino.

VI. Consider antimony, mercury and purgatives as poisons in pneumonia.

The general plan of the above treatment agrees very closely with that found to be most successful in the practice of our armies during the past eventful four years. Truly, the sceptre of the *heroic* treatment of disease seems to be broken.

The "Renewal of Life" closes with several important lectures on Dietetics, Constipation, Pepsine, Corpulence, and last on Alcohol. We must refer our readers to the book itself for the admirable philosophy which they contain.

One word about our author's style. Nothing can be more attractive or better suited to his subject. Presented in the form of clinical lectures, it has all the earnestness of extempore speaking by a man thoroughly convinced of the truth of what he is saying and most anxious to impress it upon his audience. We know of no medical author, unless it be Dr. Watson, who approaches him in this felicity of man-

ner; it is as far as possible removed from dryness, even when he treats of the subtle principles of chemistry or enters into the minute details of microscopic research. We can honestly say that the book is the most *interesting* medical work we have ever read. The American publishers have done justice to the author by the beautiful manner in which they have brought out this work. Both in type and paper it is all that could be desired. We cannot but enter our protest, however, at the numerous Americanisms, or Websterisms, to speak more justly, which are to our eyes most grievous blemishes throughout the volume. *Fulfill, fiber, niter, center, saber*, and the like, have not come into such common use yet as to take away their look of impertinent innovation. We notice, too, more errors of the press than we like to see. Taking the book as a whole, we cannot too highly recommend it to the most diligent study of all progressive members of our profession.

Hypodermic Injections in the Treatment of Neuralgia, Rheumatism, Gout, and other diseases. By Antoine Ruppaner, M.D., Fellow of the Massachusetts Medical Society. Boston: T. O. H. P. Burnham. 1865. 16mo. pp. 160.

This little book contains a summary of the author's experience in the treatment of various diseases by the hypodermic method. It mainly consists of the histories of sixty cases of various affections in which pain or wakefulness were urgent symptoms. He has, however, gone beyond the application of this method of annulling pain, to the experiment of stimulating nerves in which there was deficient sensibility; and the account which he gives of the favorable effect of the injection of strychnia in paralysis is an encouragement to physicians to repeat the experiment. So little has yet been published in this country on this comparatively new method of treating such diseases, that Dr. Ruppaner's little volume meets a very general want. He discusses the questions of the superiority of this method of treatment, the classes of cases to which it is applicable, and describes the instrument which he has found the most useful, and gives the method of employing it. It is evidently a therapeutic agent which admits of very wide application. Its efficacy in tetanus and delirium tremens leads one to hope for great relief from its employment in hydrophobia, in which, as yet, we have not heard of its being employed. In the cramps of Asiatic cholera also it promises to act with a promptness which, when opiates are administered by the mouth, cannot be looked for.

Dr. Ruppaner's manual, without making any pretensions as an elaborate treatise, will be found extremely useful to the practising physician, and in many instances will supply information which cannot be got in any other way. We hope the eye of a more careful proof-reader will correct, in the next edition, the too numerous errors in the shape of incorrect names for remedies, which are the only blemishes we have found in the present one. If Latin is used in recipes and nomenclature, it should by all means be *good* Latin.

Physician's Prescription Book; containing lists of the Terms, Phrases, Contractions and Abbreviations used in Prescriptions, with Explanatory Notes; the grammatical construction of Prescriptions, &c. &c., and a series of Abbreviated Prescriptions, illustrating the use of the preceding Terms. To which is added a Key, containing the Prescriptions in an unabbreviated form, with a literal translation, for the use of medical and pharmaceutical Students. By JONATHAN PEREIRA, M.D., F.R.S. Fourteenth Edition. Lindsay & Blakiston. 1865. 12mo. pp. 298.

THE extended title of this little work fully indicates its contents. It will prove useful to the class for whom it is intended, and is a literary curiosity in its way. In the United States, we imagine, physicians make much less use of Latin in their prescriptions than our brethren in Europe do. At the present time we observe a feeling is springing up in England in favor of writing out the directions accompanying a prescription in the English language, to avoid the possibility of mistakes. It will be useful to such druggists as are not ready with their Latin grammar, and help them out of the difficulties into which they may be led by the genitive case. We once had a prescription returned by an apothecary because it contained Pulv. secalis cornuti—an article which he had not in his shop, nor did he know what it was. If it had been written Pulv. secal. corn., he probably would have understood it.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 23, 1865.

EXTRACT OF MEAT.—The value of animal food in sickness was probably never so highly estimated by our profession as within the last few years. Whether this is really due to a change in the character of diseases, or to a better knowledge of their nature, or to a fashion in medicine, we do not care at present to consider, but there can be no doubt that the necessity of stimulating food in their treatment is now universally recognized and acted upon. Without attempting to discuss either the important physiological question, how far alcohol is to be regarded and employed as such, it will be admitted by all that that form is of the greatest value which most closely approximates in its nature that of the materials taken from the body during disease, and which are essential to vital existence. The nourishment or stimulant which will restore these, in the simplest form and with the least strain upon the enfeebled organs of assimilation, is evidently the most desirable, and that portion of our daily food, which the history of all nations teaches has always been used as most effectual in sustaining the strength in health, is found also to be best adapted to this end in sickness. Animal food, however, besides the essential elements of our own organization, contains much that is rejected as excrementitious during digestion, and the mere process of separating and assimilating is a task too severe at times for the patient to perform. It is on this account that we imitate and relieve na-

ture, as far as possible, by extracting and administering in a soluble form the nutritious elements of meat in our treatment of the sick. Our readers know, however, how difficult a thing it is to make an extract of beef which shall be both palatable and sufficiently concentrated, and how quickly the patient's stomach turns against the sloppy and greasy stuff prepared in most sick-rooms and called beef-tea.

We are happy to be able to announce, therefore, that hereafter the physician may be sure of his patient's getting as good essence of beef, when ordered, as the drugs he prescribes. Mr. Borden, whose name is already so familiar to all in connection with the manufacture of condensed milk and meat biscuit, and whose preparations were used so generally in our armies, has after long trial recently succeeded in perfecting a process on a large scale by which a uniform and highly concentrated extract of beef is obtained. It differs materially from that made according to the method of Prof. Liebig, which has received such high praise from the medical profession abroad, inasmuch as it retains nearly all those important elements of flesh, the fibrin and albumen, which are wasted in the European manufacture. Without describing minutely the process, it will be sufficient to say that the results obtained by Messrs. Borden and Currie leave nothing to be desired. The first experiments were made in one of our New England States, but as it is well known that a large proportion of the most important elements of meat are lost during the transportation of cattle to market, even when their weight is not noticeably diminished, it was found impossible to extract from beef, thus deteriorated, a profitable or perfect result, and the present works have, accordingly, been erected in one of the grazing districts of Illinois, where beef of a far better quality and at a cheaper price can be obtained.

The extract is a soft, unchangeable, elastic solid, unmixed with salt or other foreign substance, and in the form of small cakes, equivalent in nutritive value to twenty times their weight of fresh beef. It dissolves readily in hot water, and furnishes at a moment's preparation a highly concentrated tea or soup, of a delicious taste and entirely free from fat. It requires no cooking, simply the addition of salt. We received, a short time since, a few cakes, which were distributed among some of our physicians, and the opinion expressed by all was that it would be of great value in the sick room, and that it ought to be placed within the reach of the profession as soon as possible. We have just received information from one of the gentlemen connected with its manufacture, that a small quantity has been sent to Messrs. Metcalf & Co., of this city, for sale, and that they now hope to be able to furnish a constant supply. Its delicious flavor, the readiness with which it may be prepared for use at night or at any emergency, the entire absence of fat, its portability, and its adaptation to the wants of the system in prostration and collapse, or in cases where solid food cannot be taken, will at once recommend it as supplying a long-felt want in the treatment of the sick.

European Schools of Medicine.—Medical education is considerably cheaper on the Continent than in this country; but for the English visitor the schools are not alike in this respect. In Paris, if he be qualified, he can attend all the cliniques, excepting some of those on

eye diseases, free of charge. In Berlin and Vienna, he will in general require to pay, but an introduction to the professor is frequently all that is required to procure admission to his clinique. Medicine and surgery are chiefly taught clinically; the systematic lectures on these subjects being in general but poorly attended. Clinical medicine is best taught in Vienna. Skoda's clinique is very good, but his instructions are more adapted to the beginner; whereas Oppolzer's is more fitted for the advanced student, and yet conducted with such admirable tact and skill that all can derive benefit. Oppolzer has not written much, and is in consequence not as well known in this country as he ought to be, for he is a singularly accomplished physician, *facile primus* in Vienna, and the best teacher of clinical medicine I could find in the three capitals. Frerichs and Traube, in Berlin, are both excellent. Traube is professor of auscultation and percussion, and holds his clinique at the bedside. Frerichs, who is professor of clinical medicine proper, adopts the rather unusual system of having each patient carried in bed into a large lecture-room. This plan enables every one to see the patient comfortably, and hear what Frerichs says; but it does not admit of any but one or two obtaining a near view of the patient, or of using the stethoscope after the patient is brought in. A student is called out to examine the case, which, however, Frerichs almost invariably does for him. After a brief history has been read by one of his assistants, Frerichs remarks on the case, generally very briefly, but always to the point. The course is very interesting for those who care only for a sketch of a case; but the time occupied by each might be extended with advantage, for Frerichs, who is a very popular teacher, just says enough to make one wish he would say a great deal more. In Paris, the physicians make but little use of the enormous materiel at their disposal. Trousseau, who has resumed his lectures on the actions and uses of medicines, and is no longer professor of clinical medicine, though he still retains his wards at the Hotel Dieu, does not attempt to teach clinically, and is in consequence accompanied by but a handful of students. His lectures on materia medica, however, attract large crowds, for he is a very prince of orators, and can render his subject not only interesting but singularly attractive. Piorry confines himself almost entirely to percussion. Barth and Beau are excellent auscultators. Bouilland still "thirsts for blood," and his clinique is in consequence most interesting to English students, many of whom pass through their curriculum without even seeing a venesection. Perhaps, however, the most instructive medical clinique in Paris is Grisolle's at Hotel Dieu; but I must say I never could find one at all equal to Oppolzer's in Vienna.—*Medical Times and Gazette.*

Cholera.—The following account of the passage of this disease across the Atlantic in 1848, is extracted from a very valuable article in the *British and Foreign Medico-Chirurgical Review* on the Geography of Epidemic Cholera, by Dr. Milroy, President of the Epidemiological Society, London, and will be read with particular interest at this time:—

"It was in the last week in November, 1848, that it manifested itself, at sea, on board two emigrant vessels bound the one for New

York and the other for New Orleans, when they had been out the former sixteen days, and the latter twenty-seven days, from Havre, which was unaffected at the time of their departure. The circumstances attending the nearly simultaneous appearance of the disease in two vessels traversing the Atlantic, and about a thousand miles apart, are among the most curious on record in the history of epidemic cholera. The disease did not extend beyond the limits of Staten Island hospital, at New York, after the arrival of the infected ship there; but at New Orleans it seems to have spread rapidly, not only in the hospital but in the city generally, although it did not exist at the time in any other part of the United States. * * * It appeared at Memphis towards the end of December, at St. Louis in the first week of January, 1849, and at several places on the Upper Mississippi in March. Chicago and other towns, situated on the chain of the great lakes, were affected in May. It was not till then that New York was visited by the epidemic, notwithstanding the importation of the disease at Staten Island, and the occurrence of several cases in the hospital there, six months before. Nearly about the same time, Philadelphia, and the chief cities on the seaboard of the United States, became affected.

Injection of Air into Foul Abscesses and Fistulæ.—Prof. Rozer states that there is no better means of treating an abscess, the contents of which have become foul and stinking, than by the frequent injection of air by means of an elastic catheter and syringe. The patient is to be instructed to repeat this injection sufficiently often to prevent the accumulation of pus; and this operation not only adds much to comfort by removing the nauseous smells, but also seems to greatly expedite the contraction and closure of the cavity of the abscess. It is of especial benefit in the treatment of the fistulous openings remaining after emphysema, and attended with such a disgusting smell. This is speedily removed by aid of the injections, and the healing of the fistula promoted. This is often retarded for months, owing to the valvular condition of the track of the fistula preventing the free issue of the pus, which is secured by the daily passage of the catheter for the purpose of injecting the air.—*Archiv. der Heilkunde*, in *Medical Times and Gazette.*

Danger of Subcutaneous Injections.—Prof. Nassbaum, of Munich, has just published an interesting account of an accident which happened to himself. Suffering from neuralgia, he had injected morphia under his own skin more than 2000 times—sometimes to the extent of five grains of morphia in twenty-four hours. Two months ago, he injected two grains of acetate of morphia dissolved in fifteen minims of water, and accidentally sent it direct into a subcutaneous vein instead of into the cellular tissue. He gives a graphic account of his dangerous position for two hours, after which the effect passed off. He has seen similar effects in a small degree in two of his patients, and the practical lessons are, that as it may be impossible to avoid veins at all times, and one may be punctured unawares, subcutaneous injection should always be done *very slowly*. The effects are so instantaneous that the syringe can be stopped at the first sign of danger, and some of the injected fluid, mixed with blood, may even be

sucked out again by the syringe. It is very remarkable how the effects of the same dose of the same substance differ when injected directly into a vein and mixed with venous blood, and when they filter into the blood from the cellular tissue through the unbroken coats of the vessels.—*Med. Times and Gazette.*

The founder of the well-known establishment for the manufacture of surgical instruments in Paris, M. Charrière, senior, had for some years transferred his house to the hands of his son, M. Julius Charrière. The latter proved a worthy successor to his father, kept up the reputation of the name, and was highly esteemed by the medical profession. A sad blow has now been experienced by the family, for M. Charrière, jun., has just died, at the age of 35. A large concourse of medical men and friends attended the funeral, and the liveliest sorrow has been expressed at this unfortunate event.

By a royal decree, dated August 8th, 1865, a chair of Organic Chemistry has been created in the Imperial College of France. By the same decree M. Berthelot, member of the Imperial Academy of Medicine, has been appointed Professor of this chair.

In a notice of the late Dr. Valentine Mott, published in the *Archives Générales de Médecine* for September, he is said to have been the founder of a school of medicine in New York under the title *Wuivericty Medical College of New York!*

Death of M. Beau.—Dr. Beau, the eminent physician of *La Charité*, has recently died in his native place after a short illness. He filled a very conspicuous place among the medical staff of that institution.

Wm. Warren Greene, M.D., Professor of Surgery in Berkshire Medical College, has recently been appointed to the same chair in the Medical School of Maine, in place of Prof. Conant, deceased.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, November 18th, 1865.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	43	27	70
Ave. mortality of corresponding weeks for ten years, 1853—1863	39.3	37.6	76.9
Average corrected to increased population - - - - -	00	00	83.75
Death of persons above 90 - - - - - - -		0	0

Books and Pamphlets Received.—Seventeenth Annual Catalogue and Report of the New England Female Medical College.—On the Diseases, Injuries, and Malformations of the Rectum and Anus. By T. J. Ashton, formerly Surgeon to the Blenheim Dispensary, &c. &c.—Measures proposed for the Prevention of Asiatic Cholera in the City of Providence, R. I. By Edwin M. Snow, M.D., Superintendent of Health.—A Catalogue of Medical Works on Cholera, in the Library of J. M. Toner, M.D., Washington, D. C.

Died,—At Chelmsford, Nov. 18th, Dr. Patrick P. Campbell, formerly of Lowell, aged 60

Deaths in Boston for the week ending Saturday noon, November 10th, 70. Males, 43—Females 27. Abscess, 1—accident, 2—inflammation of the bowels, 1—bronchitis, 2—burns, 1—cancer, 1—consumption, 12—convulsions, 1—croup, 3—diarrhœa, 3—diphtheria, 2—dropsy, 2—dropsy of the brain, 3—dysentery, 3—typhoid fever, 6—gastritis, 1—disease of the heart, 6—infantile disease, 3—intemperance, 1—inflammation of the lungs, 4—marasmus, 2—old age, 1—premature birth, 2—scrofula, 1—suicide, 1—teething, 1—unknown, 4.

Under 5 years of age, 26—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 16—above 60 years, 9. Born in the United States, 47—Ireland, 14—other places, 9.